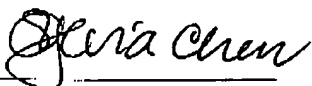


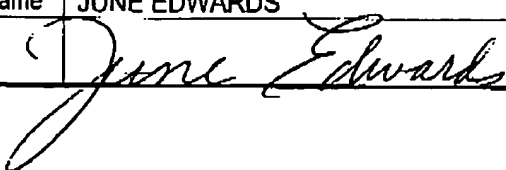
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MAR 20 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/668,486	
	Filing Date	09/23/2003	
	First Named Inventor	JELICOE, ROGER	
	Group Art Unit	2635	
	Examiner Name	YACOB, SISAY	
Total Number of Pages in this Submission	8	Attorney Docket Number	CS21782RL

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Communication to Group
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Copy of Notice to File Missing Parts

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	SYLVIA CHEN	Registration No.	39,633
Signature			
Date	20 MAR 2006		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	JUNE EDWARDS		
Signature			Date
			MARCH 20, 2006

Application No. 10/668,486  
March 20, 2006  
Page 1 of 7

Docket No. CS21782RL - JELICOE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: JELICOE, ROGER     ART UNIT:     2635  
APPLN. NO.: 10/668,486     EXAMINER:     YACOB, SISAY  
FILED:     09/23/2003  
TITLE:     KEYPAD FOR AN ELECTRONIC DEVICE

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AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.111

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action dated December 28, 2005, consideration of the following amendments and remarks and withdrawal of the current rejections is respectfully requested.

Please amend the above-referenced application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.